

THE CITY OF SAN DIEGO

SAN DIEGO POLICE DEPARTMENT SPECIAL EVENT OPERATIONS

Request for Police Officers and/or Special Event Traffic Controllers

PRODUCTION COMPANY	<i>ไ</i> :		
	-	ACT (for staffina confirm	ation):
BILLING INFORMATION	ſ :		
Company Name:			
Contact person (invoicing p	urposes only):		
Email Address (for invoicing	j contact):		
Billing Street Address:			
City:	State:	Zip:	Phone:
FILMING/PHOTO SHOO'		.	
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Number of Officers Requ	ested:		
Number of SETC Request Detailed description of sl			
This document must be co	mnleted and ret	urned to:	
	y be directed to		r scanned in PDF format to
	_ 1 1	Questions?	- 11/4
Contact Offic	er Ed LaValle -	Office (858) 627-3:	237, Cell (619) 876-9307
POLICE DEPARTMENT	USE ONLY: PE	RSONNEL ASSIGNE	.D
OFFICERS:		SETC:	